

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. 988 Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3. 1887
Full Name of Deceased, Mrs. Rebecca Bullen
Sex, Male or Female, Female
Age, 40 Years, 4 Months, Days.
Color, white
Married, Single, Widow or Widower, Widow
Occupation, housewife
Birth Place, Co. Sligo Ireland
Duration of Residence in the City of Baltimore, Twenty years
Place of Death, 2326 Fairmount Ave.
Cause of Death, Subacute inflammation of the stomach
Perforation supervening peritonitis
Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.
Date of Burial, July 7th 1887
Undertaker, H. A. Dargatzis
Place of Business, 229 S. Pringle St.
Address, 2000 E. Balt. St.
G. G. Lawrence M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 982

The Special Attention of Physicians is Respectfully Invited to the blanks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 982 Office of Baltimore Medical Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Smith White

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 16 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 228 (old no) Vincent alley

Cause of Death, { First (Primary), Second (Immediate), } mal nutrition

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Lafayette Cemetery

Date of Burial, July 6th 1887

Undertaker, William Lunge

W. Wright M. D.

Place of Business, 150 East St Address, 220 N Gilmer St

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SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 983 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5 - 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Hertel

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 24 Years, _____ Months, _____ Days

Color, Wht.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Cracker dealer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } Gay St. near Union R. R.

Cause of Death, { First (Primary), Fractured skull supposed to
Second (Immediate), have been caused by falling or

Duration of Last Sicknes, few minutes { jumping from a train on
Union R. R. bet. Gay St. &

Place of Burial, Mount Carmel B'way.

Date of Burial, July 7 1887. Alexander Hill M. D.

{ Undertaker, John Herwig Medical Attendant.

{ Place of Business, 2008 Orleans St. Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No.

Board of Health, City of Baltimore,
Office of Registrar of Vital Statistics.

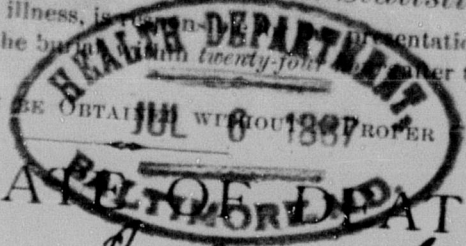
Ward

19th

The Physician who attended any person in a last illness, is requested to present this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



28

Date of Death,

July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louis Scott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 Years,

Color, White Months, Days.

Married, Single, Widowed or Widower, { Cross out the word not required in this line. }

Occupation, Formerly a Sailor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Denmark

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give street and Number. } Old Men's Home cor Lexington & Calhoun Sts

Cause of Death, { First, (Primary,) Disease of the heart
Second, (Immediate,) Paralysis of the heart
Died suddenly

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Mt Carmel Cem

Date of Burial, July 7th 1887

Undertaker, 160 Jenkins & Sons

Place of Business, Park & Saratoga Address,

L. S. Spanner M. D.,
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 985 Office of Registrar of Vital Statistics. Ward 15²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1887.

Full Name of Deceased, Fayette Green
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female
{ Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 14 Days.

Color, African

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, in

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, ✓

Place of Death, 504 Cross St.
{ Give Street and Number. }

Cause of Death, Convulsions
{ First (Primary), Second (Immediate), }
One day

Duration of Last Sickness, One day
All the above information should be furnished by the Physician.

Place of Burial, Shedden Cemetery

Date of Burial, July 7 (1887)

Undertaker, Heracles Bess J. R. Pennington M. D.
Medical Attendant.

Place of Business, 404 Corn St. Address, #406 W. Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/27/2022.

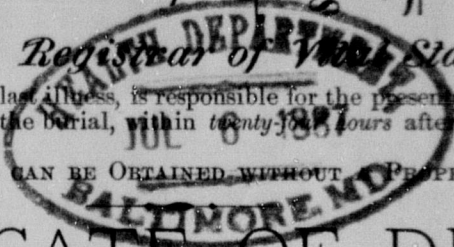
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 986 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 5th '87

Full Name of Deceased, Amos Curtis
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, Male
{ Cross out the word not required in this line. }

Age, Two Years, Months, Days.

Color, Dark

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Single
{ Cross out the words not required in this line. }

Occupation, Bald. Md.

Birth Place, Bald. Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 432 Elbow Lane
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, July 7 1887

Undertaker, Herbert B. B. B. Medical Attendant, J. Tyler Smith M. D.

Place of Business, 440 E. M. St. Address, 440 Columbia Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

No. 987

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 987 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paul Lewis

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Three Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 571 President St

Cause of Death, { First (Primary), Insanitary conditions fecal emanation
Second (Immediate), Convulsions cholera Infantum }

Duration of Last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cy

Date of Burial, July 7 1887

{ Undertaker, Jas P. Byers } John Morris M. D. Medical Attendant.

{ Place of Business, 302 N Gay St } Address, 118 E. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 988**

Office of Registrar of Vital Statistics.

Ward **5th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 6 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Mabel E. Gent**

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **4** Years, **4** Months, **1** Days.

Color, **W.**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **✓**

Occupation, **✓**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Balt.**

Duration of Residence in the City of Baltimore, **Life time**

Place of Death, { Give Street and Number. } **321 E. Pratt St.**

Cause of Death, { First (Primary), Second (Immediate), } **Chol. Infant.**

Duration of Last Sickness, **one week**

All the above information should be furnished by the Physician.

Place of Burial, **Western Cemetery**

Date of Burial, **July 7 1887**

Undertaker, **Wm. H. Hickman** **H. H. Hatten** M. D.

Medical Attendant.

Place of Business, **10234 9th St.** Address, **102 Franklin**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 989

Office of Registrar of Vital Statistics.

Ward

18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, July 6th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. E. Wilk

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 3 Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 107, Hamburg St

Cause of Death, { First (Primary), Chol. Infinitum
Second (Immediate), Exhaustion }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 7th 1887

{ Undertaker, Julius Kachler F. J. Flannery M. D.

{ Place of Business, Sharp & Cross Address, 1701 Dr. Hill av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 990 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 6th 1887

Full Name of Deceased, Philip Ludwig Meyer {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 1 Years, 3 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, State Librarian

Birth Place, St. Louis, Mo. {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, During life

Place of Death, 1104 Center {Give Street and Number.}

Cause of Death, {First (Primary), Intestinal inflammation
Second (Immediate), Cholera}

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Trinity Cemetery

Date of Burial, July 8th 87

{ Undertaker, John G. Schuch E. J. McLean M. D. Medical Attendant.

{ Place of Business, 1735 Race Street Address, 3828 E. 12th St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]